ACCESS

harm reduction

Guidance Document for Applicants

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Background

ACCESS (Advancing Cross-Cutting Engagement and Service Strategies) is a platform created by the Maryland Department of Health to centralize harm reduction resources provided by the Department to local health departments and community-based organizations. Local health departments and community-based organizations can visit the ACCESS website to learn about application opportunities, including opportunities for in-kind support and grants, and their relevant deadlines and background information. In addition, the website will direct applicants to web-forms through which they can apply for these resource opportunities.
For all questions regarding ACCESS, including application questions, please contact mdh.access@maryland.gov. The ACCESS webpage can be found at bit.ly/MDHaccess.

Purpose

Harm reduction programs often serve the needs of the population that are not engaged nor ready to engage in treatment. The 2014 National Survey on Drug Use and Health data show that 21.2 million Americans ages 12 and older needed treatment for an illegal drug or alcohol use problem in 2014. However, only about 2.5 million people received the specialized treatment they needed in the previous 12 months. ACCESS will create and strengthen harm reduction services that meet the needs of this population.

ACCESS is a centralized, web-based platform that will improve the ability of local health departments and community-based organizations to serve people who use drugs. The ACCESS website will provide information about opportunities to apply for in-kind harm reduction support, such as naloxone and fentanyl test strips, as well as grants. Eligible entities will be able to view application instructions, relevant deadlines, and background materials and then apply for resources as they are available.

ACCESS resources will support a broad range of activities that applies the harm reduction framework. Local health departments and community-based organizations that receive ACCESS resources must:

1. Provide services to people who are actively using drugs, without the expectation that they stop using drugs, and;
2. Engage people who use drugs in a non-judgmental and non-stigmatizing manner.

Public Health Crisis for People Who Use Drugs in Maryland

People who use drugs (PWUD) are at high risk for premature death and poor health outcomes.[1] This is driven by overdose[2], Hepatitis C virus (HCV), infections[3], HIV[4], and social determinants of health such as homelessness[5], incarceration[6], poverty[7] and structural racism[8].

[1] Shiels MS, Chernyavskiy P, Anderson WF, Best AF, Haozous EA, Hartge P, Rosenberg PS, Thomas D, Freedman ND, de Gonzalez AB. Trends in premature mortality in the USA by sex, race, and ethnicity from 1999 to 2014: an analysis of death certificate data. The Lancet. 2017 Mar 11;389(10073):1043-54.
[2] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999-2016.
[3] Zibbell JE, Asher AK, Patel RC, Kupronis B, Iqbal K, Ward JW, Holtzman D. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. American journal of public health. 2018 Feb;108(2):175-81.

As opioid use has become more widespread, and the heroin supply increasingly adulterated, rates of morbidity and mortality in this population have increased significantly. This is particularly true in Maryland, where new HCV cases have increased by 55.8% from 2009 to 2015[9], with the CDC attributing the overall rise in new HCV cases to the rise in injection drug use.[10] The number of overdose deaths in Maryland has nearly doubled since 2010, reaching 1,259 deaths in 2015. [11] Compared to the 1,041 deaths in 2014, this represented a 21% increase statewide. Nationally, the increase from 2014 to 2015 was 11.4%, placing Maryland above the national average in overdose death rates every year from 2010 to 2015.[12] The trajectory of overdose deaths in Maryland continued upward in 2016, reaching an all-time annual high of 2,089 deaths. A major driver of opioid deaths has been fentanyl; fentanyl-related deaths rose by 42% in 2017. [9]

The reasons for low engagement with healthcare services among people who use drugs include self-stigma,[13,14] perceived discrimination in healthcare settings,[15] negative attitudes of providers towards people with substance use disorders[16], structural barriers to participate in services[17], and cultural competency among providers.[6] These barriers to care perpetuate the poor health outcomes of PWUD; as a result, those who most need health and social services are often the least likely to get it.

In response to increasing opioid use and mortality, the Maryland Department of Health (MDH) has identified a need to engage with people who are using drugs, to provide services that reduce overdose risk, and mitigate the impact of other negative health outcome of drug use. To address some of the reasons for low engagement among people who use drugs, these services must be provided applying a harm reduction framework.

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[4] https://www.cdc.gov/hiv/group/hiv-idu.html

[5] Linton SL, Celentano DD, Kirk GD, Mehta SH. The longitudinal association between homelessness, injection drug use, and injection-related risk behavior among persons with a history of injection drug use in Baltimore, MD. Drug and alcohol dependence. 2013 Oct 1;132(3):457-65.

[6] Genberg BL, Astemborski J, Vlahov D, Kirk GD, Mehta SH. Incarceration and injection drug use in Baltimore, Maryland. Addiction. 2015 Jul;110(7):1152-9.

[7] Walker ER, Druss BG. Cumulative burden of comorbid mental disorders, substance use disorders, chronic medical conditions, and poverty on health among adults in the USA. Psychology, health & medicine. 2017 Jul 3;22(6):727-35.

[8] Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. The Lancet. 2017 Apr 8;389(10077):1453-63.

[9] Maryland Department of Health and Mental Hygiene. *2016 Annual Report Implementation of Hepatitis B and Hepatitis C Prevention and Control in Maryland Health-General Article §18-1002*.

[10] https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf

[11] Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2017. https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug_Intox_Report_2017.pdf. Accessed: September 18, 2018.

[12] Rudd, R.A., Seth, P., David, F., Scholl, L. (2016) Increases in Drug and Opioid-Involved Overdose Death—United States, 2010-2015. Morbidity and Mortality Weekly Report 65(50-51):1445-1452.

[13] Paquette CE, Syvertsen JL, Pollini RA. Stigma at every turn: Health services experiences among people who inject drugs. International Journal of Drug Policy. 2018 Jul 31;57:104-10.

[14] Latkin C, Srikrishnan AK, Yang C, Johnson S, Solomon SS, Kumar S, Celentano DD, Solomon S. The relationship between drug use stigma and HIV injection risk behaviors among injection drug users in Chennai, India. Drug and alcohol dependence. 2010 Aug 1;110(3):221-7.

[15] Paquette CE, Syvertsen JL, Pollini RA. Stigma at every turn: Health services experiences among people who inject drugs. International Journal of Drug Policy. 2018 Jul 31;57:104-10.

[16] Van Boekel LC, Brouwers EP, Van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. Drug and alcohol dependence. 2013 Jul 1;131(1-2):23-35.

[17] Stopka TJ, Hutcheson M, Donahue A. Access to healthcare insurance and healthcare services among syringe exchange program clients in Massachusetts: qualitative findings from health navigators with the iDU ("I do") Care Collaborative. Harm reduction journal. 2017 Dec;14(1):26.

Harm Reduction

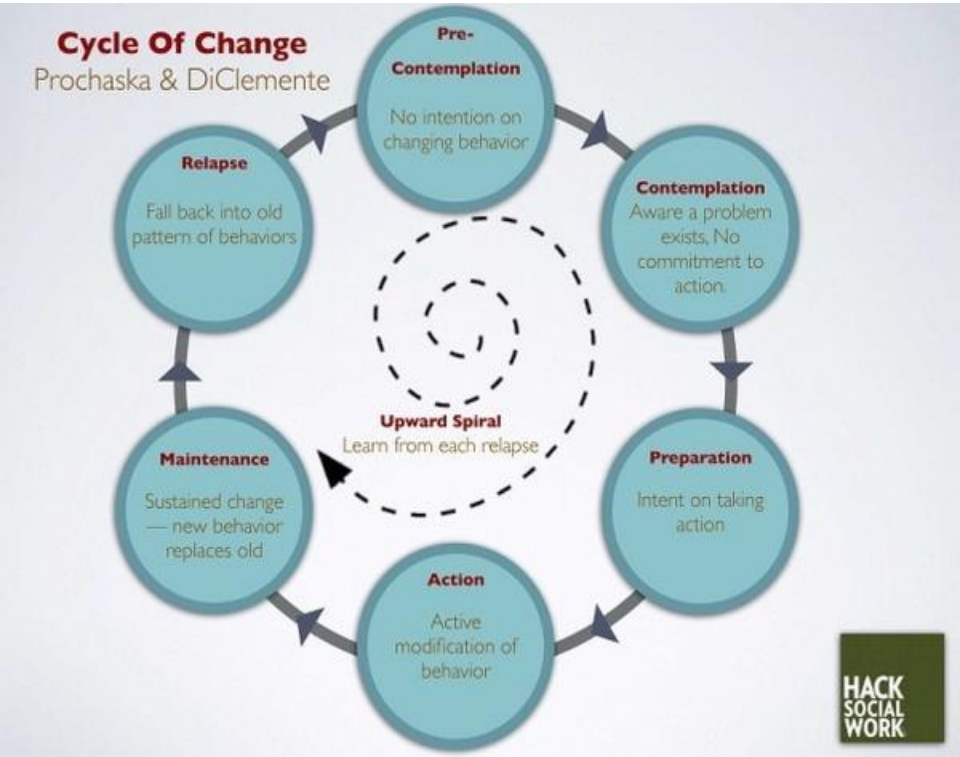
A harm reduction approach has been demonstrated to most effectively engage those who are using drugs, particularly people who are not currently accessing somatic or behavioral health services. Programs applying this approach build strong relationships with the drug using community, which opens lines of communication about risk reduction strategies and overdose prevention. The Harm Reduction Coalition defines harm reduction as "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."[18] Providers who apply a harm reduction approach prioritize quality of life outcomes measures over abstinence. A focus on abstinence may ignore the myriad of social and other problems an individual faces not solely defined by their use of drugs. Other related tenets of harm reduction include ensuring the people who use drugs have a voice in the programs and policies that affect them, affirming that people who use drugs are the primary agents of change in their lives and seeking to empower them to support each other in risk mitigation strategies that actually relate to the conditions of their drug use.

Harm reduction services are provided without judgement of someone's drug use status, meaning they are not required to stop or lessen their use of drugs in order to continue service engagement. This allows for a person-first approach, therefore meaningfully engaging people ongoing. This approach manifests in low-barrier/low-threshold services, mindful of reducing the steps people must take to access them. Finally, harm reduction approaches are "practical, feasible, effective, safe and cost-effective."[19]

Meeting people where they are[20]

Meeting people where they are requires understanding their lives and circumstances, what objectives are important to them personally, and what changes they can realistically make to achieve those objectives. For example, abstinence may not be immediately achievable by all who use illicit substances; however, many smaller changes may be feasible and could bring substantial benefit, such as reducing the spread of infectious disease, lowering overdose risk, and improving overall physical or mental health.

[18] Harm Reduction Coalition. 2018. *Principles of Harm Reduction.* www. https://harmreduction.org/about-us/principles-of-harm-reduction/"
[19] Harm Reduction International. 2018. *Position Statement on Harm Reduction.* < https://www.hri.global/what-is-harm-reduction>
[20] Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed [date] from http://www. cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf



The Transtheoretical Model, also called the Stages of Change model, describes how such behavior change often occurs. The model emphasizes the need to understand the experience of the person we are trying to reach in order to help them. To promote change, interventions must be provided that are appropriate for the person's current stage in the process. The guiding principle of "meeting people where they are" means more than showing compassion or tolerance to people in crisis. This principle also asks us to acknowledge that all people we meet are at different stages of behavior change. Furthermore, recognition of these stages helps us set reasonable expectations for that encounter. For example, a person who has experienced an overdose who is pre-contemplative and has not yet recognized that their drug use is a problem may be unlikely to accept treatment when they are revived, but may benefit from clear, objective information about problems caused by their drug use and steps they can take to mitigate them. Unrealistic expectations that the person will cease drug use may cause frustration and disappointment for patients, providers, family, caregivers, and others touched by the event. Someone who is already preparing for action, however, may be ready for treatment, support, or other positive change. A positive, judgement-free encounter with first responders may provide the impetus and encouragement needed to get started. When we "meet people where they are," we can better support them in their progress towards healthy behavior change. Recognizing the progress made as a person moves forward through the stages of change can help avoid the frustration that arises from the expectation that they will achieve everything at once.

Eligibility Criteria

Naloxone and Fentanyl Test Strips

The current application opportunity for overdose prevention resources (naloxone and fentanyl test strips) is open to the following types of MDH-authorized Overdose Response Program entities with active status and offices based in Maryland:

- Local health departments
- Community-based 501(c)(3) non-profit organizations

Applicants must include documentation of the IRS nonprofit determination for their organization.

Any MDH-authorized Overdose Response Program entity that meets the above criteria may apply for fentanyl test strips. However, only entities that have the following documentation on file with MDH allowing them to dispense naloxone may apply to receive naloxone:

- Licensed health care provider agreement
- Standing order
- Dispensing protocols

Training-only ORP entities are not eligible to apply for naloxone.

Harm Reduction Grants (to be announced Spring 2019)

MDH will accept applications for Harm Reduction Grants from:

- Local health departments
- Community-based 501(c)(3) non-profit organizations

Applicants must include documentation of the IRS nonprofit determination for their organization, IRS form 990, financial statement, and most recent audit report if the organization received public funds over $100,000 annually in the last three years.

Application Process

Through ACCESS, MDH will provide resources, such as naloxone and grants, to eligible entities depending on availability and funding. There may be multiple opportunities to apply for different resources at one time.

Interested applicants should visit bit.ly/MDHaccess for the latest information. **For all questions regarding ACCESS applications, please contact mdh.access@maryland.gov.**

1. **Format**: All applications must be submitted using the web-based form posted on the ACCESS webpage. A paper version of all the form questions is available for download from the ACCESS webpage to allow applicants to review the questions before completing the application. However, no paper applications will be accepted.
2. **Supporting Documentation**: All supporting documentation should be uploaded and submitted through the web-based form posted on the ACCESS webpage. Sections within the application that require additional supporting documentation will be indicated. Documents may include letters of support, documentation of IRS nonprofit

determination of the organization, financial statements, etc. In case of technical difficulties with uploading documentation, please contact mdh.access@maryland.gov.

3. **Application Questions:** There may be multiple applications open at the same time for different harm reduction resources. Follow the instructions provided for each application. Be as specific as possible when answering questions and remain within the designated word limit. Below is brief guidance regarding the application sections of the current overdose prevention resource opportunity (naloxone and fentanyl test strips):
    a. Application type: MDH anticipates providing ongoing opportunities to request naloxone and fentanyl testing strips. Indicate in this section if this is a first or repeat application.
    b. Agency information: Provide contact information for applicant, the agency's Overdose Response Program Training Director if different from applicant, and a brief description of the agency's mission and activities.
    c. Organizational capacity: Each application will require an organizational capability statement. The capability statement should include the applicant's current or previous relevant experience in working with the target population and addressing the topic being proposed. This includes information regarding the organization's ability and experiences in promoting harm reduction with performance-based metrics and evaluation, the agency's background, structure, mission, as well as current and past performances with similar grants. It is important to also be as specific as possible about how people who use drugs are involved in the application process, implementation of existing programs, or will be part of related activities.
    d. Currently Available Resources: Questions will populate dependent on whether the applicant selects a request for naloxone, fentanyl testing strips, or both. When describing a strategy for distribution, each objective should be SMART: specific, measurable, achievable, relevant, and time-specific. Connect your identified objectives to a measurable outcome, which is an observable end-result that describes how your strategy will benefit its target population.
    e. Evaluation: This section should describe the methods you will use to evaluate whether your proposed grant activities achieve measurable outcomes. Describe the tools and techniques you will use to measure outcomes, and describe the data that will be collected and how it will be collected and analyzed.

Review and Scoring

All applications will be considered by a committee at MDH and decisions made based on the quality of the proposal, its alignment with MDH priorities that resources and services are provided directly to people who use drugs, and available funding. Specific measures include:

1. Fidelity and commitment to harm reduction framework
2. Plan for involving people with lived experience in program development and activities
3. Quality and clarity of the proposal

4. Existing capacity to do the proposed activities, including organizational capacity as well as relationship with the target population
5. Proposing to target and serve populations at highest risk for overdose and other substance use related harms, as well as to reduce health disparities
6. Strength of evidence of proposed activities
7. Monitoring and evaluation plans that will accommodate MDH requests for reports and other information
8. Appropriate timeline
9. Jurisdictional level of need, including rates of nonfatal overdose, overdose fatalities, and other health and drug use indicators

Award Information

Naloxone and Fentanyl Test Strips

Naloxone will be ordered by MDH and shipped directly to selected applicants by Cardinal Health. Applicants should be sure to provide an accurate shipping address where you can receive packages.

Fentanyl test strips will be purchased by MDH and then shipped or delivered by MDH staff to selected applicants.

Harm Reduction Grants (to be announced Spring 2019)

Local Health Departments

Local health departments will receive grants from the Maryland Department of Health. Grants will be provided to local addictions/core service/behavioral health authorities.

Nonprofit Organizations

Nonprofit organizations will be funded through standard grant agreements with the Maryland Department of Health. Standard Grant Agreements require an annual risk assessment, set deliverables, and invoicing for work complete to receive payment within the grant period. Payments are provided on a cost reimbursement basis. Awards will be made within the federal fiscal year of October 1, 2018 - September 30, 2019, and October 1, 2019 to September 30, 2020.

Conditions of Award

Before receiving ACCESS resources, all approved applicants will be required to sign and submit to MDH a memorandum of agreement (MOA) assuring that resources and grants will be used to serve people who use drugs. Local health departments and nonprofit organizations that are approved for Harm Reduction Grants will require additional agreements.

As a recipient of ACCESS resources and/or funding, the applicant must agree to the following terms and conditions:

1. All funded activities will be conducted with a harm reduction framework, including:

a. Provision of services to people who are actively using drugs, without the expectation that they stop using drugs; and,

b. Non-judgmental, non-stigmatizing engagement of people who use drugs.

2. All activities will be conducted in accordance with Maryland and federal law.

3. Fentanyl test strips and/or naloxone will be provided free of charge.

4. Entity staff will participate in monitoring activities by MDH as requested. This may include, but is not limited to, phone check-ins, surveys, and/or site visits by MDH to verify that ACCESS resources are being distributed in the manner proposed in the application.

5. For entities receiving grants, entity staff will provide detailed fiscal reports to MDH upon request.

6. In the event that MDH discovers ACCESS resources are not being distributed in the proposed manner, the entity will redistribute the granted resources as directed by MDH.

7. In the event that MDH discovers application information was intentionally falsified or the entity was misrepresented, the entity will redistribute MDH-granted resources as directed by MDH.

8. Entity staff will participate in training and capacity-building activities as required by MDH.

9. Entity staff will notify MDH of any changes to relevant staff and program activities supported by ACCESS resources within 30 days of the change.

Additional Information about Currently Available Resources

Naloxone

Naloxone is a life-saving opioid antagonist medication that can reverse the effects of an opioid overdose. It is available by prescription to people with a history of opioid use and to those that might witness and respond to an overdose. Overdose education and naloxone distribution (OEND) programs aim to educate and distribute naloxone directly to community members. These programs contribute to a reduction in rates of opioid overdose death. For many years, naloxone has been made available to people using opioids through harm reduction programs like syringe services programs, community health programs, substance use disorder treatment providers, and others having direct contact with high-risk populations. Since 2014 in Maryland, naloxone has been distributed through the Overdose Response Program (ORP) by authorized training entities to people who, by virtue of their occupation, volunteer work, or family or social experience, are likely to be in a position to assist someone experiencing an opioid overdose.

OEND programs provide training on risk factors associated with opioid overdose, recognition of overdose signs and symptoms, and response techniques, including contacting emergency medical help, performing rescue breathing, and administering naloxone. Trainees are usually provided with a kit containing naloxone and the delivery device (nasal atomizer or needle and syringe) if needed, along with items such as non-latex gloves, a plastic shield for rescue breathing, and information cards on overdose prevention and response.

As authorized by Health – General Article Title 13, Subtitle 31, Code of Maryland, (ORP law) and implemented by regulations in COMAR 10.47.08, the ORP provides for training of individuals who, by virtue of their occupation or volunteer work, or family or social experience, are able to assist someone experiencing an opioid overdose. Authorized entities may conduct educational training programs on overdose recognition and response and provide access to naloxone through direct provision by a provider or through standing order. Naloxone is additionally available to Marylanders in pharmacies through a statewide standing order, which eliminates the need for an individual prescription.

The most effective OEND programs for reducing opioid overdoses in a community provide naloxone directly to people who use drugs, in a low-threshold setting[21][22]. This is because people who use drugs, who are themselves at high risk for overdose, are most likely to witness an overdose.[23][24] Research in OEND programs has led to the recommendation that resource-limited programs should target OEND to people who use drugs.

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[21] Rowe, C., Santos, G.M., Vittinghoff, E., Wheeler, E., Davidson, P., Coffin, P.O. (2015) Predictors of participant engagement and naloxone utilization in a community based naloxone distribution program. Addiction 110(8), 1301-1310.

22 Walley, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. British Medical Journal.

23 Bennett, A.S., Bell, A., Doe-Simkins,M. Elliott, L., Pouget, E., & Davis, C. (2018) From Peers to Lay Bystanders: Findings from a Decade of Naloxone Distribution in Pittsburgh, PA. Journal of Psychoactive Drugs, 50(3), 240-246.

24 Bagley, S.M. Forman, L.S., Ruiz, S., Cranston, K., Walley, A.Y. (2018) Expanding access to naloxone for family members: The Massachusetts experience.

There is a significant base of evidence to support targeted OEND to people who use drugs. OEND programs consistently receive the majority of their naloxone administration reports from people who use drugs. Research from the DOPE Project reported that having previously witnessed an overdose was the strongest predictor of reversing an overdose with naloxone, followed by the predictor of using heroin.[18] In Massachusetts in 19 communities where naloxone was distributed between 2006 and 2009, people who use drugs were responsible for 87% of the 327 reported rescue attempts with naloxone.[19] In a Pittsburgh needle exchange program, after naloxone was made available to individuals who do not use opioids themselves, the majority of reversals were still reported by people who use opioids (102 out of 104 reversals in 2015)[20]. In a survey of organizations distributing naloxone, 82.8% of individuals who reported a naloxone administration to programs were people who use drugs; 9.6% were friends and family, 2% were services providers, and 7.4% were unknown.[25]

With this research in mind, MDH has made it a priority for naloxone distribution to target people who use drugs and their associates. This strategy of targeting distribution to the population at risk themselves and most likely to witness an overdose has the greatest potential to prevent overdose deaths in Maryland.

Fentanyl Test Strips

Since 2014, large increases in overdose deaths in Maryland have been driven primarily by the pervasive adulteration of the illicit opioid (i.e. "heroin") supply with fentanyl and fentanyl analogs. Fentanyl was involved in 77% of all overdose deaths in Q1 2018. The state has also seen a recent surge in cocaine-related deaths, which increased 313% between 2015 and 2017. This surge has been driven primarily by deaths from cocaine in combination with illicit opioids. In 2017, 71% of all cocaine-related deaths also involved fentanyl. There is a risk of overdose for both heroin and cocaine users, as well as people who use counterfeit "prescription" opioids.

Providing tools for people who use drugs to screen for the presence of fentanyl offers a promising opportunity to prevent overdose. A positive test provides critical knowledge to an individual who may then change their behavior in ways that reduce overdose risk, such as using less drugs, injecting more slowly or, in the case of cocaine-only users, not using at all. The strips are manufactured to test urine but are effective at identifying fentanyl in a small sample of powder drug mixed with water.

From BTNX, strips cost $1 and are sold in boxes of 100. They have a high sensitivity and specificity for fentanyl and four of its analogs as compared to other testing devices. They are effective, legal, and safe to use.

Through Chapter 145 of the 2018 Laws of Maryland (SB1137), the Maryland General Assembly amended the Criminal Law Article with the intent to remove the threat of criminal sanctions for possession or distribution of testing equipment for the purpose of identifying a controlled dangerous substance. This was achieved through changes to the definition of "drug paraphernalia" and specific sections enumerating crimes and penalties associated with

[25] Wheeler, E., Jones, T.S., Gilbert, M.K., Davidson, P.J. (2015). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons—United States, 2014. Morbidity and mortality Weekly Report, 64(23).

possession or distribution of drug paraphernalia. These changes to Maryland statute remove significant legal barriers to the distribution of fentanyl test strips for public health purposes.

Contact Information

Please contact mdh.access@maryland.gov for any questions and concerns regarding ACCESS opportunities and applications. The ACCESS webpage can be found at bit.ly/MDHaccess.